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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the ISPTO on the date indicated below. Christopher J. Fildes Fildes & Outland, P.C. 20916 Mack Avenue, Suite 2 transmitted to the USPTO, on the date indicated below. Grosse Pointe Woods, MI 48236 (Depositor's name (Signature (Date 2004 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 11/13/2001 10/054,517 Miksa Marton 04004.003 4778 TITLE OF INVENTION: ORBITAL SANDER WITH SUCTION RING APPLN. TYPE **SMALL ENTITY** ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$665 \$300 \$965 08/25/2004 **EXAMINER** ART UNIT **CLASS-SUBCLASS** SHAKERI, HADI 3723 451-357000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or IFildes & Outland, P.C. agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): X Issue Fee ☐ A check in the amount of the fee(s) is enclosed. A Publication Fee Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number ______ (enclose an extra copy of this form). Advance Order - # of Copies _ Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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